

FORM NO. B-11 (Revised 2-1-42)
STATE OF NEW JERSEY
UNEMPLOYMENT COMPENSATION COMMISSION
NOTICE TO EMPLOYER OF CLAIM FOR BENEFITS

JAMES HILL

648 W.SECOND ST.
LAKELAND,FLA.

7941

E10-292

JAMES HILL

648 W.SECOND ST.
LAKELAND,FLA.

7941

E10-292

☐ Was discharged by us for misconduct on (Date).....

Specify:

☐ Left work, voluntarily, without good cause on (Date).....

☐ Refused to accept suitable work, offered by us on (Date).....

☐ Is unemployed due to a labor dispute.

☐ Other reasons or additional information.

Check, Detach and Return this Portion of Form (if necessary)

☐ Was discharged by us for misconduct on (Date).....

Specify:

☐ Left work, voluntarily, without good cause on (Date).....

☐ Refused to accept suitable work, offered by us on (Date).....

☐ Is unemployed due to a labor dispute.

☐ Other reasons or additional information.

Signature

Official Title

KEEP THIS PORTION OF FORM FOR YOUR COPY

STATE OF NEW JERSEY
UNEMPLOYMENT COMPENSATION COMMISSION
NOTICE TO EMPLOYER OF CLAIM FOR BENEFITS

DATE OF NOTICE

INTERSTATE

NOV 12 1942

Abraham Manley
70 Crawford St.
Newark, N. J.

The worker listed on reverse side has filed a claim for benefits and has stated that his last employment was with you. If you have any objections to payment of claim, check the appropriate item (See reverse side), tear sheet along perforated line and return that portion bearing your signature, within seven days from date to this Commission at Trenton, N. J.

This notice is sent only to the most recent employer as reported by the Claimant as this employer would have the most knowledge of any facts that might disqualify the claimant or render him ineligible for benefits. It is not necessary to return this Form unless you indicate objection to the payment of benefits.

In many instances this notice is sent to an employing unit not subject to the contributing provisions of the New Jersey Unemployment Compensation Law. Such an employing unit is required to return this notice if it has knowledge of any facts that would disqualify the claimant or render him ineligible for benefits.

If the name of the claimant as shown on this Form does not appear on your records, it is suggested that you check the Social Security Number, as it is possible that this person may have worked under another name.

EDWARD J. HALL,
Chief of Benefits.